

Influenza Vaccine 2007

City of Somerville, Health Dept.

Vaccine Administration Record

Information about the person to receive the vaccine (please print)

Name:	Birth date:	Age:	Sex: M F
Address:			
Phone Number:			

If under 18, parent or guardian must sign below:

I give my consent for my child to receive the Influenza Vaccine.

Signed: _____ Print name: _____

For clinic/office use only:

Vaccine Name: _____ Expiration date: _____ Lot #: _____

Injection site: _____ Date admin & VIS given: _____ VIS Date: 7.16.07

Initials of vaccine admin.: _____ Clinic site: _____